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COVER LETTER

	Registration Sc Division of Cor				
empfez:	4022SW15	TH LLC			
SUBJEC	1:	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
		ondence concerning this matter	-		
		MICHELLE NGUYEN			
			Name of Person		
			Firm/Company		
		2119 SW 41ST ST			
			Address		
		CAPE CORAL FL 33914			
			City/State and Zip Code		
-		MICHELLEPDVU@GMA			
Ear furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	ification)	
		oncerning this matter, piease c			
MICHEL	LE NGUYEN		941 9615811 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
☑ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Corporations			
	P.O. Box 632 Fallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4022SW15TH LLC	2	2024 JUL 30 RM 7: 40
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our reco orida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 05/09/2024	and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)	<u></u>	
	-	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TONY TUYEN CAO VU	2119 SW 41ST ST CAPE CORAL FL 33914	≣Add
			□Remove
			□Change
			□ Add
			□Remove
			🗆 Add
			□Remove
		,	□ Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change

Effective date, if other than the date of filing: 05/09/2024 (optional) (If an effective date, if stack, the date must be specific and cannot be prior to date of filing or more than 90 days after lifing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the and is filed. Dated Makhall Again. Signature of a member or authorized representative of a member					
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